

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000236

**FILED**  
**Mar 08, 2009**  
**Secretary of State**

**Entity Name:** WELLNESS FRANCHISES OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

62 WINDSOR DR  
EAGLEWOOD, FL 34223

**New Principal Place of Business:**

62 WINDSOR DR  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

62 WINDSOR DR  
EAGLEWOOD, FL 34223

**New Mailing Address:**

62 WINDSOR DR  
ENGLEWOOD, FL 34223

**FEI Number:** 61-1550598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BADIALI, CHERYL A  
62 WINDSOR DR  
EAGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

BADIALI, CHERYL A  
62 WINDSOR DR  
ENGLEWOOD, FL 34223 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHERYL BADIALI

03/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BADIALI, CHERYL A  
Address: 62 WINDSOR DR  
City-St-Zip: EAGLEWOOD, FL 34223

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BADIALI, CHERYL A  
Address: 62 WINDSOR DR  
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHERYL BADIALI

MGR

03/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date